

# DEVELOPMENTAL COUNSELING FORM

For use of this form see FM 22-100.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

“Counseling is a leader’s responsibility. This responsibility is better exercised face to face and early on the counseling period. Most Soldiers want to do a good job and will do so when they understand the standards and leaders perform their duties with competence and clarity. We owe it to our Soldiers to set them up for success in everything we do. All Soldiers require expert leadership – We must provide it.” CSM JL Gutierrez

Name (Last, First, MI)	Rank / Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

## PART II - BACKGROUND INFORMATION

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling and includes the leader’s facts and observations prior to the counseling):

1. The purpose of this counseling session is to discuss your performance and attempt to set some goals.
2. FACTS and OBSERVATIONS
  - Great performance during the past month
  - Needs to establish goals
  - Awarded the APFB badge with a score of 297
  - Qualified Expert with the M4
  - Needs to work on Self Development

**Example 1.**

The intent here is to provide clarity, be brief, and use this area to provide the Soldier with an idea of where she/he stands in terms of performance. Sentence one describes the purpose of the counseling in clear English, and sentence number two provides with specific facts and observations, both good and bad. This technique may be used with any type of counseling and allows the counseling statement to stand alone. This portion may be filled out prior to the session – you may also add to it as the session develops.

**Explanation 1.**

## PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

In this section is where the counseling develops and eventually gets summarized. Many counselors make the common error of filling out this portion out prior to the session – doing this negates the communications process. Goal setting is the key to an effective plan of action. A basic outline may be used to guide the session and take notes throughout in order to record and summarize the counseling. **Explanation 2.**

**Example 2.**

1. Areas of special emphasis
2. Additional duties
3. Standards and expectations
4. Upcoming events – Calendar
5. Promotion requirements
6. Reenlistment Status

GOALS



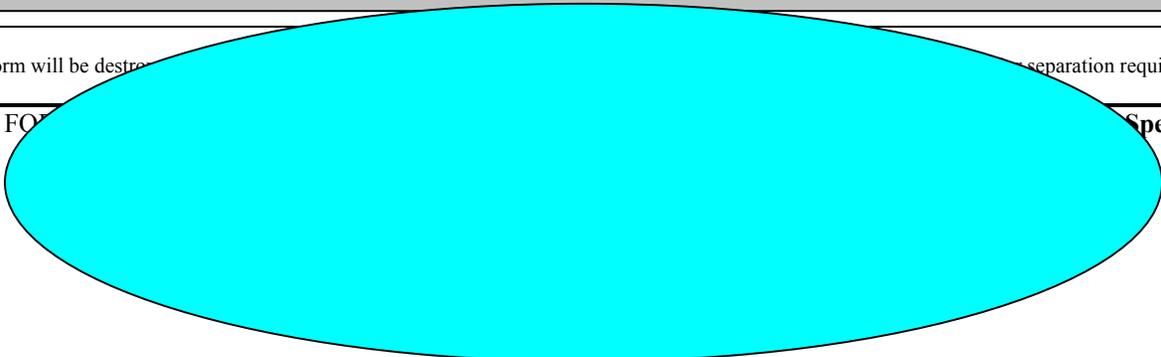
PLAN OF ACTION

This form will be destroyed...

...separation requirements

DA FORM

Special Note



**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specific time line for implementation and assessment (Part IV below):

**Explanation 3.**

Specificity and a suspense date, or time line are the key elements here. Guide the Soldier to develop his/her plan of action in order for it to have a personal meaning and impact in his/her ability to follow through and get it done. Plans of actions are more meaningful when tied to personal goals. In some cases, such as retraining the Soldier or instances of poor discipline the plan of action must be directed by the leader without a specific buy-in from the Soldier.

**Example 3.**

1. Develop a set of goals using the SMART (S = Specific, M= Measurable, A = Attainable, R = Relevant, T = Track able) formula no later than the first week of next month (A date is preferred).
2. Go to the education center and speak with a counselor to determine which degree you wish to pursue and which method is best suited to fit your schedule. Do this no later than the first week of the month (A date is preferred).

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate):

Individual counseled: \_\_\_\_\_ Agree / disagree with the information above

Individual counseled

Normally the individual counseled will only add remarks here if he/she disagrees with the session. The leader must ensure that the counselee clearly understands the contents of the form. A reasonable waiting period may be required to gather the signature in order to clearly annotate and summarize the session. Provide the completed form to the counselee for review and signature. Once signed give the Soldier a copy to ensure the plan of action is not forgotten. Ensure agreement/disagreement is checked. **Example 4.**

Signature of Individual

**Leader Responsibilities:** (Leader)

**Explanation and Example**

In this area of the form resources come to bear. The leader must provide the required resources necessary or linked to support the plan of action. The idea is to reinforce the partnership between the leader and the lead i.e.  
1. I will go to the Education Center and Introduce you to the Counselor on the agreed upon date. **(The counselee has agreed to the plan on and leader supervises it).**

Signature of Counselor

**PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling):

This is usually the most neglected phase of the process. The best time to conduct this session is prior to the next counseling session. This portion is critical for the preparation process of the next counseling. Doing this enables the counselor to determine the effectiveness of the plan of action and goals. Sometimes goals are not achieved within a month and must be carried forward with a slight change, if any in the plan of action. The leader may also want to use this portion to make recommendations to both the Soldier and the chain of command in cases where counseling is not causing the desired effect. **Without this follow up the counseling is incomplete.** **Explanation 5.**

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note: Both the counselor and the individual counseled should retain a record of the counseling.**